

My Physical Activity Planning Tools

These tables of questions and topics list important things you should discuss with your health care team at each checkup.

What to Ask Your Health Care Team Date: _____ Name of the health care team member you are visiting: _____
Should I change my medicine?
Should I change what and when I eat?
When should I take my prescription medicine?
How much should I take before physical activity?
When should I take my over-the-counter medicine?
Should I eat before physical activity? Or after?
What should I do if I have low blood sugar during physical activity?

Which activities are safe for me?
Daily activities:
Aerobic exercise:
Strength training:
Stretching:

My Physical Activity Plan (Sample Starter Plan)

This table shows you some ideas for getting started on your plan. Ask your health care team for help with your plan.

My Daily Activities
Every day I will: <i>play catch with the dog; walk up the stairs at work; park at the far end of the parking lot</i>
My Aerobic Exercise
Most days I will: <i>walk around my block</i>
When: <i>Tuesday through Sunday, after dinner</i>
Length of time: <i>10 minutes</i>
My buddy: <i>my daughter</i>
Backup plan: <i>walk at the mall if it rains</i>
My Strength Training
Three times a week I will: <i>lift hand weights</i>
When: <i>T-TH-Sat, 8 a.m.</i>
Number of repetitions: <i>15</i>
My Daily Stretches
Every day I will: <i>do chair yoga</i>
When: <i>before bed</i>
Length of time: <i>10 minutes</i>

My Physical Activity Plan Date: _____

My Daily Activities
Every day I will:
My Aerobic Exercise
Most days I will:
When:
Length of time:
My buddy:
Backup plan:
My Strength Training
Three times a week I will:
When:
Number of repetitions:
My Daily Stretches
Every day I will:
When:
Length of time: